"If you turn me into a fag, I'll kill you!"

Body Psychotherapy and Its Potential Role to Help "Real Men" Become Real Men

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ABSTRACT

This article explores what needs to be considered for body psychotherapy with male clients. It touches on the debate around masculinity, and presents an overview of the research into why contemporary psychotherapy isn't suitable for many men, and what characteristics male-appropriate psychotherapy needs to have. These findings are then applied to male appropriate body-psychotherapy, and illustrated with brief case descriptions. The article also offers some reflection on issues that can arise when working with heterosexual or gay clients as a heterosexual or gay body psychotherapist. The author maintains that body-psychotherapy, with its emphasis on the unity of body and soul, its "hands on" approach, and its ability to reconcile cognition and emotion, seems to be particularly suited for working with men—if certain adjustments are made for male clientele.

Keywords: masculinity, gender, male-appropriate psychotherapy, psychotherapy research, body-psychotherapy with men

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In the 1999 American comedy *Analyze This,* New York mob boss Paul Vitti (Robert DeNiro) begins to develop frightening symptoms in the aftermath of a shootout that massively affect his ability to do his job. After Vitti is examined at a hospital, the doctor breaks the good news to him—that his attacks weren't heart-related, but were panic attacks. In response, Vitti has his men beat up the poor doctor. Then, he secretly finds himself a psychoanalyst. After the first session, Vitti clarifies to the analyst that one outcome from therapy has to be ruled out in advance: "If you turn me into a fag, I'm gonna kill you!"

In a funny way, the movie illustrates the minefield in which psychotherapy with men often takes place. Heterosexual men, stuck in the traditional image of masculinity (and they aren't the only ones), often find it embarrassing to seek help. If they do, they try to stay in control of the therapeutic process, and avoid emotional closeness that is perceived as effeminate. At least at the beginning of therapy, many men approach the therapist with an expectation that can be paraphrased through the German proverb: "Wash my fur, but don't get my hair wet!" The English equivalent would be: "Make me an omelet, but don't break any eggs!"

"Men are often perceived as 'difficult' patients, even if they have already gone into psychotherapy. Because of their emotional defenses, their fear of dependent relationships and their inability to accept weakness, they confront the psychotherapist with special challenges." (Möller-Leimkühler 2013: 6, translated from German)

In this article, I will shed light on what needs to be considered for doing body psychotherapy with men. After a brief look at the public debate on masculinity and the challenges of working with straight/gay men as a straight/gay therapist, we examine the results of psychotherapy research, and its significance for the field of body psychotherapy, illustrated with short examples from my practice.

One conclusion in advance: in my opinion, body psychotherapy, with its immediacy and focus on emotional experience, is particularly suitable for working with men—if we consider certain conditions.

When Masculinity Turns Toxic

Once upon a time, women were considered the deviation from the male norm—the "dark continents" whose souls seemed unfathomable, who envied men for their penises, producing strange disorders such as "hysteria" (Freud 2010).

Nowadays, men are being targeted as the problematic gender. Whether it be violence or crime, sexual assault, school failure, unemployment, loneliness, suicide rates, or cigarette, alcohol, or drug abuse, in all mental health parameters, men are falling far behind (RKI 2014, APA 2018, Hesse 2019, Hollstein 2017).

In the debate, there is an increasing belief that a key factor of this development is a limited (and limiting) understanding of masculinity, which is often referred to as "toxic masculinity"[1] (Addis et al 2005). Characteristic of toxic masculinity is an overemphasis on traits such as independence, assertiveness, objectivity, aggressiveness, risk-taking, dominance, hardness, etc., while condemning qualities considered feminine, such as caring, kindness, delicacy, receptivity, or emotionality (Möller-Leimkühler 2013, APA 2018).

But it is not just the adherents of traditional toxic masculinity who sometimes feel its burden. On the other side of the spectrum, particularly in large urban areas of industrialized nations, we find men willing to change, committed to partnership and equality. These men are struggling with the existing, contradictory role expectations for the modern man: they should and want to be empathetic and cooperative, but also gripping and self-confident, good fathers and successful at work, sensitive, but no sissies—"purring cat and penetrating tiger," as the German sexologist Volkmar Sigusch put it (Haberl 2015, see also Rackelmann 2017: 18ff). No wonder these ideals cause many men to feel insecure about themselves. The media-mediated images of masculinity contribute to this chaos. On the one hand, we see the male world-saving heroes in movies and TV shows (nowadays tinged with some irony), and on the other hand, we have the unsettled, eternally adolescent nerds of "The Big Bang Theory."

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[1] In this article terms like "toxic masculinity,""stereotypical male," or "real man" are used synonymously.

As an antithesis to "toxic masculinity," American psychologists Mark Kiselica (2011, 2016) and Matt Englar-Carlson (2010) suggested the term "positive masculinity." They define positive masculinity as "beliefs and behaviors of boys and men that produce positive consequences for self and others [...] learned and internalized through a socialization process while fostering a sense of duty to others." (Kiselica et al, 2016:126). But, as shown, realistic role models of positive masculinity are still rare.

Men and Psychotherapy

Psychotherapy research has critically determined that psychotherapy in its present form is tailored for the needs and strengths of women, while it often doesn't fit the needs of men. Psychologists Robinder Bedi and Mica Richards from Western Washington University have examined what makes men shy away from psychotherapy. They summarize their findings, which are consistent with other studies (Brooks/ Good 2001, Sonnenmoser 2011), as follows:

> "Although a range of both masculinities and therapeutic approaches exist, conventional elements of psychotherapy and traditional elements of masculinity seem mismatched, leaving many men unlikely to seek mental health care or to receive gender-informed services because of gender role stress or conflict […]. For example, many characteristics considered desirable in a psychotherapy client are traditionally feminine— clear expression and verbalization of emotions, the ability to discuss personal pain, the willingness to be vulnerable, and turning to others for help resolving problems […], yet the traditional masculine gender role teaches men to avoid acting or expressing themselves in ways typically considered feminine […]. Thus, men may view counselling or psychotherapy as feminizing and believe that seeing a mental health professional would threaten their masculinity […]. Conventional masculine gender norms also emphasize separation and independence at the cost of attachment and connection, yet counselling and psychotherapy call for a bond between the professional and the client […]." (Richards/ Bedi 2015: see also Sonnenmoser 2011)

So, it seems that the behavior of our mafia boss mentioned above is not that far from reality. Although men are still psychotherapeutically severely undersupplied (Möller-Leimkühler 2013, Mörath 2013), the willingness of men to go to psychotherapy is generally increasing (Habich 2016). At the same time, there are fewer and fewer male psychotherapists. In Germany, about 70% of all psychotherapists (and clients) are currently women (Degner 2013). According to the German Federal Psychotherapeutic Chamber, 91 percent of therapists under the age of 35 are female (Habich 2016). This trend is likely to be similar in most developed countries. Even though most men would prefer to work with male therapists (Sonnenmoser 2001), studies show, however, that the gender of the therapist plays only a marginal role in therapy's success (Bedi/Richards 2011, 2015). For this reason, male therapists are often in strong demand by men (Habich 2016). In my own practice, about 75% of my individual clients are men, of which about 80% are heterosexual and 20% homosexual.

The reasons why men come to see me are (in no specific order): relationship issues, advice on professional issues, depression, anxiety, addiction, loneliness, sexual problems, PTSD, life and transition crises (like becoming a father), and health issues.

Gay or Straight?

When we use the general term "men," we should not forget that we're dealing with heterosexual as well as homosexual men.[2] Depending on the gender and sexual orientation of the therapist/client dyad, individual dynamics, transference issues, and blind spots may arise. In the context of this article, however, we can only briefly touch on this topic.

In addition to the dynamic of a female or male therapist working with a male client, concordant therapist/client pairings (hetero therapist/hetero client, gay therapist/gay client) as well as discordant pairings (hetero/gay, gay/hetero) in terms of sexual orientation are possible.

When I work as a heterosexual therapist with gay clients, I'm fully aware of their often very different life experiences. This includes the experience of discrimination or violence, a sense of being different, different life and relationship concepts, a different approach to sexuality, etc. (see Wolf 2016 and APA 2011). At the same time, the male gender role—such as being strong, capable and independent, the separation of emotion and cognition, sex and heart—is no less pronounced in gay men than in heterosexual men. For gay men, the pressure to be physically fit and sexually attractive often comes in addition. The availability of non-binding sexual contacts in metropolitan gay subcultures brings its own challenges, both to love relationships as well as to the integration of sexuality and intimacy.

The issues related to a client's homosexuality are furthermore heavily dependent on the social environment he is living in. A gay fifty-year-old in a long-term relationship living in a liberal Western city deals with different issues than a man in his twenties in a rural religious area.

Being non-discriminatory as a therapist does not mean being uncritical. Having questioned my own value judgments and norms as a heterosexual therapist (or my norms as a gay therapist respectively), I can and must look critically at my gay clients' life practices and evaluate together with them if they are acting in their own best interest.

Elements of Body Psychotherapy for Men

Although body psychotherapeutic work with men brings its own methodical challenges, essential results of the research on the development of a male-appropriate psychotherapy equally apply to body psychotherapy.

We have learned that the following tendencies can be observed in men[3]:

[2] I have no experience with transgender clients and therefore cannot comment on this topic.
[3] Compiled after Brooks / Good 2001 , Bedi / Richards 2011 + 2015, Vennen 2013a + 2013b, Kehr 2016

An overemphasis on rationality, a functional understanding of the body, emphasis on autonomy, action and solution orientation, a tendency towards externalization (looking more outward than inward), and high inner tension (Kehr 2016: 81f, Vennen 2013a).

If we look at men's resources, research lists humor, self-assertion, rationality, and action and result orientation (Vennen 2013a, Kiselica/ Englar-Carlson 2010).

As elements that have proven useful for the psychotherapeutic work with men, the literature mentions focus on resource, clarity and structure in context and communication, professional and personal transparency, psychoeducation and practical help, focus on experience, and humor (Vennen 2013 a+b, Englar-Carlson 2010).

Let's take a closer look at some of these points, and how we can apply them to a body-oriented approach.

Resource Orientation, Psychoeducation and Transparency

How can the widespread male propensity for objectivity and rationalization be used as a resource? The German psychotherapist Johannes Vennen uses the technical affinity of many men by providing online diagnostics, and having them use smartphones to record sessions and tablets for visualization (Mörath 2013, Vennen 2013a + b). I sometimes let men try out a biofeedback device to objectify and visualize the degree of their current stress level.[4] Since many men are not used to paying attention to and interpreting their own somatic signals, this external validation can be useful for getting a feel for the expressions of their own body. Many men are surprised to find out how stressed they actually are. When men realize that their scepticism and their need to grasp something intellectually are welcomed and accepted, they are more willing to embrace new experiences.

Thus, it is helpful to make our therapeutic procedure transparent and, where necessary, give some theoretical background as briefly as possible. Models of emotional regulation, such as the Polyvagal Theory (Porges 2017) or results from developmental psychology, can be outlined in a few sentences (and reread, if necessary). This helps to categorize experienced emotional and sensory states. For most men, at least initially, science-oriented models and concepts are more appropriate than "esoteric-"sounding terminology.

I often offer body exercises for reducing tension, grounding, and centering (such as stress positions from Bioenergetics or TRE by David Berceli (2007)), or pelvic floor exercises from Sexocorporel (Bischof 2017 a+b, Rackelmann 2017: 137-151), which can be practiced at home. Sometimes I use psycho-educational teaching material, such as short texts or online videos. I've asked a client with a pronounced schizoid structure to watch a YouTube video of the Still Face experiment.

[4] I use an emWave2. But there are also sensors that can be controlled and read with a smartphone. These devices measure heart rate variability (HRV) as a stress marker (McCraty et al 2001).

He had previously noticed that he was often inappropriately sober and rational in personal relationships. We talked about his depressive mother, and the video made it more tangible to him how his low-resonance parents may have affected his own early development and to what extent his present-day experience could be a result of this lack of resonance.

Experience Orientation and Mindfulness

Many men lack an active connection to the expression of their own somatic self, to their body intelligence, or their endo self, as Will Davis (2014) puts it. For my male clients, therapy largely entails learning to listen to this deep self, and to integrate its utterances as part of the self. When the curiosity for new experiences is awakened, the modalities of body psychotherapy offer a variety of possibilities to rebalance one-sided rationality through connection with one's own somatic self.

I usually start my sessions with a short body scan, in which both my client and I get in touch with our current states: what's going on inside of me right now? What feedback do I get from my body? How am I breathing? Where do I feel tension? How would I name my current state? Am I able to focus on awareness of my body, or do I immediately start thinking? How do I react to the other person sitting across from me?

I make it clear that this is not a relaxation exercise, but merely an inventory. The client's self-assessment also gives us diagnostic information about how differentiated his connection to his somatic world is.

Borders, Transgression, and Trauma

In conventional psychotherapy, we sit across from each other and talk. Working with the body directly can sometimes feel like a transgression in and of itself, particularly for men. Standing face to face with the therapist or lying down puts clients in a vulnerable and potentially unsettling situation.

To mitigate the impact of this transgression, we need the explicit (and always revocable) consent of our clients, and we need to focus on their boundaries. Even if we do have their conscious consent, it may be that the man's body contradicts the verbal consent given. He may do so, for example, by showing high sympathetic activation or unconsciously holding his breath and withdrawing internally. If we act cautiously, pay attention to these non-verbal signals, and name them, we can use them very productively in the therapeutic process. We can tell if a man knows what's happening inside. Does he understand what makes his body react in such a threatened way? When male clients volunteer for the first time to lie down on the mattress, I often let them decide how close they want me to be. This diminishes the feeling of being at the mercy of others, and gives us the opportunity to see how human (in my case, male) proximity affects them. We also recognize whether the verbal and nonverbal signals appear congruent to us. When a man, often for the first time, focuses on his own boundaries and the subtle aspects of human closeness, he is often surprised at the strength of his own body's response. If a man dissociates, he may not perceive his reaction as a sense of threat. This also provides a good starting point for further exploration: "Don't you find this interesting too? Your body seems

to say, 'It's too much, I can't stand it,' yet you're telling me you're fine. Does this sound familiar to you, that you endure things that are unbearable, and you put up a brave front?"

The stereotypical male image of having to cope with difficult issues alone means that traumatic events cannot be adequately processed. We therefore find untreated trauma in many male clients, which they are unaware of. I would go so far as to say that becoming a "real man" involves a ton of traumatic experiences.[5] The manifestations of it are many of those already described: high levels of internal and muscular tension, a tendency to rationalize or dissociate, limited contact with and understanding of the expressions of the body, depression, addictions, etc. Hence, with many men, gentle foreplay (the irony!) is required, which opens them to the fact that they are showing signs of unprocessed trauma. Therefore, body-psychotherapeutic work with men must include trauma-therapeutic competencies (see Ogden et al 2006, Schnarch 2017).

A sequence that reminded me yet again of the importance of focusing on the boundaries of my clients: Richard, a gay client in his mid-sixties who had been in therapy with well-known body-psychotherapists in the 1970s, told me he had had very mixed experiences there. According to him, it was very much about the expression of aggression with a tennis racket; one therapist had told him that he wasn't gay and should fuck a woman instead.

After he hesitantly lies down on the mat in the first session, I ask him: "Would the touch of my hand be comfortable anywhere on your body?" "No", he says after a short pause.

I ask him to find a sentence for his "No." He says directly: "Don't touch me!" As soon as he says that, he becomes sad. So far, I've been sitting close to the mat, and I suspect that my mere proximity is perceived as threatening to him. I ask him: "At what distance do you want me to be?" We try different distances. Finally, we find the right distance, about 1.5 meters away from his head. His sad eyes are seeking contact with mine, and his story begins to burst forth. For the first time, he tells me about the violence in his childhood, and sexual abuse by his father.

Again and again, I find that an explicit focus on boundaries and mindfulness when approaching a client builds trust. This can lead us directly to the central traumatic issues, especially if violence and sexual or emotional abuse play a role, and we are less likely to retraumatize our clients.

Speaking of male closeness: since for many men, physical proximity amongst men has either a gay or an aggressive connotation, closeness and touch by a male therapist is an issue for some heterosexual clients. When I'm putting my hand on a client's chest for the first time, I ask him how he is doing. If I deem it appropriate for the client, I ask if his "homo alarm" is ringing. The somewhat provocative and humorous response may be helpful to open this potentially embarrassing topic to an open exchange.

[5] The wonderful 2015 documentary "The Mask You Live In", about being and becoming a man in the U.S., presents vivid and touching examples of the trauma involved in that process.

Sexuality

When they started to mate, it was a great discovery for many men that their sense of isolation, at least for a moment, could be overcome in a sexual encounter. That factor is often overlooked when we're looking for the reasons why, for the majority of men, sexuality is of such particular importance.[6] Hence, the disappointment, anger, and shame, when it comes to sexual difficulties, regarding the penis or the partner refusing to function "as they should." Unrealistic and technical notions of sexuality–nourished by, among other things, pornography–combined with the widespread shame of talking about sexual issues, often lead to lonely suffering for men. Sexuality and relationship issues are a focus of my work, which is why men tend to trust me in this intimate and vulnerable area. On the somatic level, I work with modalities from Sexocorporel, a very elaborate model of body-oriented sex therapy (Bischof 2017 a+b, Rackelmann 2017: 137-151). It can be easily demonstrated to men how a tense body not only affects their sexual experience and emotional contact with a sexual partner, but how it may also cause sexual dysfunction, such as premature ejaculation or erectile dysfunction. The desire for a "better functioning" sexuality thus provides us with an excellent opportunity to help men perceive the relationship between their own history, trauma, body tension, emotions, and sexual experience. Men experience that the "better lover" all men want to be is the man who is connected with his emotions and his heart, and able to relate.

Creating a Working Alliance — From Seeing and Being Seen

Creating a sustainable working alliance is often the hardest part of successful psychotherapy with men. At the beginning of therapy, men are sometimes openly or covertly sceptical, reserved, aggressive, prolix, and rationalizing. An invaluable tool for my work, especially during the initial phase, is the use of mind mapping.[7] This means that at the moment when two people meet, they always automatically check each other out, and form an image of the mind of their counterpart. This also applies to therapists and clients. Very rational and unassuming male clients can lead psychotherapists to the misconception that they would not closely monitor and assess them because they appear to lack empathy. Female psychotherapists tend to be even more susceptible to this misjudgement, as men generally know how to fly under women's radars, including the man the therapist is in relationship with (Schnarch 2011b).

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[6] I often notice that men who are particularly sensitive to sexual rejection have experienced early deprivation. It appears that there is a link that warrants further research. See the case story in Rackelmann 2017: 255ff.

[7] See Schnarch 2011 a+b, 2017. The research on "Theory of Mind" (ToM, Fonagy et al 2004) demonstrates the ability of almost all adult humans to form an image of the mental inner world of their counterpart. The American couples and sex therapist David Schnarch uses the term "mind mapping" (synonymous with the ToM, Schnarch 2011 a+b, 2017). However, Schnarch points out that emotional empathy is only the emotional aspect of mind mapping. This is the part that is understood by "mentalization" (Fonagy et al 2004). In fact, mind mapping involves a mental aspect that develops even more in difficult conditions. Schnarch emphasizes that MM is primarily a survival mechanism already present in (unemotional) reptiles. MM can be applied prosocially (getting somebody a surprise gift) as well as antisocially—lying, cheating, and cruelty.

But in fact, as therapists, we are being monitored closely, even and especially by men, who watch us with a poker face, creating the impression that they can't even tie their own shoelaces, emotionally speaking. This lack of resonance, and the feeling of being secretly observed, can trigger some stress in the therapist. When we perceive and respond to what is happening right now, it can be the beginning of a wonderful friendship—well, at least, of a viable therapeutic relationship.

An Example From A Preliminary Session

Rick, a man in his mid-thirties, gives only very short, general, and sarcastic answers to my question about his reasons for seeing me, while he's watching me with alert and belligerent eyes. He's testing me. Immediately I see a man in front of me who must have grown up in a hostile environment, in which any form of closeness was dangerous, and in which he had to develop the ability to become aloof, using attack as his best option for defense. I say kindly, "How about you tell me what brings you here, rather than forcing me to worm the information out of you?" His posture changes instantly. He becomes softer and more accessible. I seem to have passed the test. In fact, from then on, we have a very good working alliance despite the fact that he actually came from a sadistic, violent, and reality-distorting family. At the core, my remark merely signalled to him: "I see what you're doing, and I'm in relationship with you."

Of course, usually one successful remark doesn't do the trick, and, there are often repeated tests for the therapist. Once we have passed these tests, deep and sustainable therapeutic relationships can arise surprisingly quickly.

Some men have very clear and fixed ideas about who they are and what the world is like. If we challenge these ideas too soon, we risk losing their confidence. If we do not challenge them at all, the therapy will remain superficial, and we won't be able to help them. Take, for example, the man who came to see me because he felt offended by almost everyone, and despaired at the madness of the world. He described himself as a "stranger in a strange land." On the one hand, it took my willingness to take his ideas seriously (there are good reasons why we can despair of the world), and on the other hand, I had to gently open him to the possibility that he wasn't only lost to the world, but was also lost to the depths of his soul, as well as to trauma that he hadn't previously been aware of and, therefore, hadn't processed. This unconscious, unprocessed trauma came to the surface.

Therapeutic Relationship

Research confirms that the therapeutic relationship is central to all successful psychotherapy (Grawe 2000). This is particularly true for body psychotherapy with men (Bedi/Richards 2011). Regardless of whether you are following an approach that involves hitting a foam mat with a tennis racket or mindfulness, the relational aspect in therapy is the most significant one. This applies both to the relationship between client and therapist, and to the relationship of the client to himself. In my experience, a certain personal approachability and—in appropriate doses (Tanner 2017 a+b)—the personal transparency of the therapist is helpful to build this relationship. Since male contact can

quickly become dominated by competition, we can counteract this by making ourselves tangible as human beings, ready to reveal that we know the abysses of human existence (and, for male therapists, the impositions and limitations of a traditional male role) from first-hand experience.

Sooner or later, men may realize with horror that they have feelings, tendencies, and interests inside that cannot be reconciled with the stereotypical image of a “real man.” We can alleviate this horror by revealing that there are comparable tendencies within their therapist as well. Here’s an example from therapy with Michael, a police officer in his mid-forties, who grew up in a rural area. When he initially came to see me, Michael usually spoke with a rushed and inappropriately loud voice. He wasn’t aware of the extent of his inner pressure. At the same time, he was repeatedly surprised by his tears, to which he couldn’t assign an emotion or a memory. In the course of therapy, he learned to better listen to what his soul wanted to express, and to integrate certain childhood experiences. His tears connected with past experiences and emotional states. In accordance with a classic male stereotype, he had built a house with his own hands as a young man, and he derived great pleasure from tinkering with vintage cars.

But then, he also found sensual, sensitive and lyrical aspects inside, which didn’t line up with his own ideas of what it means to be a man. One day, he bashfully confessed to me that living with his wife, he was the one who took care of the flower arrangements, or decorating the breakfast table. And he loved the roses in his garden, which blossomed under his caring hands. I suggested that he look at me and say out loud: "I'm Michael and I love roses!" This resonated strongly with him, and tears came to his eyes. Crying, he added, "... and I love to go through the forest after a rainstorm!" I was very touched by his courage to show himself this way, and I just wanted to tell him about my own weakness for robins and nightingales, when I promptly heard a robin singing outside my window. I pointed this out to Michael, and I told him about my secret love. Two real men listened intently to the melancholy and delicate beauty of its song.

By the way, for many men, music is an important access to their emotionality. Often, in the life of a lone wolf, music is his only consolation (until he tries assigning this task to women). Sometimes, I let men play music that is emotionally important to them. Completely independent of my own musical taste, listening to a piece of music together can be very intimate and emotionally opening.

It may be a ground breaking discovery for men that other men are also sensitive, know crises, have to deal with failures, sexual difficulties, feel scared, or have a soft spot for flowers, ballet, or songbirds—even their therapist. Often, men think they are the only male specimen with a “flaw.” Our willingness to let our clients see us as sensitive, imperfect, and sometimes struggling human beings can help them develop a healthier and more realistic idea of what a real man is like.

Summary

We live in a period of upheaval in which the gender roles and patriarchal structures of our societies are undergoing fundamental change. The rule of the traditional, patriarchal male is slowly crumbling. The current strengthening of authoritarian-

patriarchal tendencies all over the globe can be understood as a reaction to this development (Peglau 2018, Hollstein 2017, Moore 2019). The problem is not masculinity itself, but the dominant toxic version of it, with deep roots in thousands of years of patriarchal rule and social structure (DeMeo 1998). But men are beginning to realize that they themselves are needlessly suffering when they try to adapt to a stereotypical image of a "real man." And many are willing to find their own ways into the new and uncharted territory of becoming a real man.

Especially since the Me Too movement, the toxic aspects of masculinity have come under public scrutiny. Public health policy has also discovered the male gender role as a subject (APA 2018, RKI 2014, Strong, 2013). The common goal is the development of a positive masculinity. In this masculinity, the powerful and assertive as well as the delicate and receptive aspects are in a healthy balance. Body and mind, emotionality and rationality work together. This new form of masculinity is open and flexible. It has positive effects on one's own health and wellbeing, as well as on human relationships, on social interaction, and, last but not least, on the ecology of our planet (Milton 2019, Swim et al 2019). In fact, without a different form of masculinity, there will be no solution to the various crises we face (Scheub 2010, Rosin 2012). For many men, becoming a true hero begins when they find the courage to acknowledge who they really are.

A therapist is often the first person a man openly speaks to. Hence, psychotherapy in general and body psychotherapy in particular can play an important role in the development of positive masculinity.

Body psychotherapy attuned to the needs of men needs to consider the relevant research. This implies using male resources like pragmatism, rationality, and humor and taking seriously men's issues, pace, and boundaries. Body psychotherapy, with its emphasis on the unity of body and soul, its "hands-on" approach, and its ability to reconcile cognition and emotion, seems to be particularly well-suited to guide men on their journey toward becoming healthier and happier beings, which is to become real men.



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